

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA	70891	5/10
O.I.P.E. CLASSIFIER		49	5/12/00
FORMALITY REVIEW	M.M.	71629	7-16-00
RESPONSE FORMALITY REVIEW	M.M.	71629	7-28-00

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
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